

Name of Person Filing Document: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Attorney Bar Number (if applicable): _____

Representing: _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of
Guardianship and Conservatorship of

Case Number PB: _____

(Incapacitated Person and/or Protected Person)

PETITION FOR PERMANENT APPOINTMENT OF GUARDIAN AND CONSERVATOR OF AN ADULT

REQUIRED INFORMATION FROM PETITIONER, UNDER OATH:

1. INFORMATION ABOUT ME. I am called the Petitioner:

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

My relationship to the person I say needs a guardian and conservator is: _____

2. INFORMATION ABOUT THE PERSON I SAY NEEDS A GUARDIAN AND CONSERVATOR. This person is called the proposed incapacitated person (for a guardianship) and proposed protected person (for a conservatorship):

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

Social Security Number: _____

3. PERSONS WHO ARE ENTITLED TO NOTICE of the court matter under Arizona law, A.R.S. 14-5309 for guardians and 14-5405 for conservators, and to whom I will give notice of this case: (See instructions)

| Name | Address | My Relationship to Person Who I Say Needs a Guardian and Conservator |
|------|---------|---|
|------|---------|---|

A. _____

B. _____

C. _____

D. _____

4. ASSETS OF PERSON WHOM I SAY NEEDS GUARDIAN AND CONSERVATOR:
(check one box)

- ☐ The person who needs a guardian and conservator has no substantial assets or income. No bond by Petitioner is required;
- ☐ The person who needs a guardian and conservator has assets and/or annual income in the approximate amount of \$_____ Explain:

5. PERSON TO BE APPOINTED GUARDIAN AND CONSERVATOR (complete this only if the person is a different person than Petitioner):

Name: _____

Address: _____

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Driver's License Number: _____

My relationship to the person I say needs a guardian and conservator: _____

5. INFORMATION REGARDING GUARDIANSHIP/CONSERVATORSHIP. To the best of my knowledge, (check one box):

- ☐ No Guardian and/or Conservator has been appointed in any other court, and no court proceedings are pending for such appointment; OR
- ☐ Someone has been appointed Guardian and/or Conservator, or court proceedings are pending. Explain who, when, in what court, and if the appointee is guardian or conservator:

6. REASONS FOR CONSERVATORSHIP: The person needs a Conservator because he or she has property which will be wasted or used up unless proper management is provided, and (check one or both boxes that apply):

- ☐ He or she needs funds for his or her support, care and welfare;
- ☐ Funds are needed for the support, care and welfare of those entitled to be supported by the person.

7. REASONS PERSON CANNOT MANAGE HIS or HER PROPERTY: (check all that you believe apply):

- ☐ Mental illness, mental deficiency, or mental disorder;
- ☐ Physical illness or disability;
- ☐ Chronic use of drugs;
- ☐ Chronic intoxication;
- ☐ Confinement;
- ☐ Detention by a foreign power;
- ☐ Disappearance.

8. REASONS FOR GUARDIANSHIP: I believe that the person needs a guardian and is incapacitated as defined by Arizona Law, A.R.S. §14-5101(1) to the extent that he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his or her person because of (check one or more reasons that you think apply):

- ☐ Mental illness, mental deficiency, mental disorder;
- ☐ Physical illness or disability;
- ☐ Chronic use of drugs;
- ☐ Chronic intoxication;
- ☐ Other (explain): _____

9. REASONS FOR REQUESTED PERSON TO BE APPOINTED GUARDIAN: Either I or the person I request to be appointed in Paragraph 5 has priority for appointment under Arizona Law, A.R.S. § 14-5311, because (check one or more that you think apply about the relationship to the person you say is incapacitated):

- ☐ Appointee is the spouse of the incapacitated person;
- ☐ Appointee was selected by the incapacitated person to be the guardian;
- ☐ Appointee is an adult child of the incapacitated person;
- ☐ Appointee is the parent of the incapacitated person;
- ☐ Appointee is a relative of the incapacitated person and has lived with the person more than six months before filing this petition;
- ☐ Appointee was chosen to be the guardian by someone who is caring for the incapacitated person or is paying benefits for the incapacitated person;
- ☐ Appointee is a private fiduciary, a professional guardian, conservator, or the Arizona Veterans' Service Commission.
- ☐ Other (explain): _____

11. REASONS I AM ASKING FOR A GUARDIANSHIP ORDER: The appointment of a guardian for the person I say is incapacitated is necessary or desirable to provide continuing care and supervision of the person, and is in his or her best interests. I am interested in the welfare of the person in need of protection because (explain):

- 12. INFORMATION FOR APPOINTMENT OF A PHYSICIAN:** You cannot ask the court for a guardianship unless the adult is examined by a physician and you file the physician's written report with the court before the hearing. **If authority to consent to inpatient mental health care is being sought, the report must be prepared by a licensed psychiatrist or psychologist.** I have the name, address, and telephone number of a physician who will examine the person I say is incapacitated, whose written report I will file with the court. The physician will also indicate if the incapacitated person needs inpatient mental health care and treatment and/or whether driving privileges should be suspended.
☐ Yes or ☐ No. If yes, identify the name, address and telephone number of the physician.

Name of Physician: _____

Address: _____

Telephone Number: _____

- 13. APPOINTMENT OF AN ATTORNEY** (You cannot ask the court for a guardianship or conservatorship unless the adult has a lawyer appointed to represent him or her. See the instructions on how to do this.) (Check one box only and fill in the information requested):

- ☐ The person I say is incapacitated already has an attorney who will represent the person in court about this guardianship:

NAME OF ATTORNEY: _____

ADDRESS: _____

TELEPHONE: _____

OR

- ☐ The incapacitated person has no attorney to represent him or her in court. I will contact the Office of Court-Appointed Counsel at (602) 506-7376, between 8:00a.m. and 5:00p.m. Monday through Friday, after I file this paperwork so that a lawyer can be appointed by the court.

REQUIRED STATEMENTS TO THE COURT, UNDER OATH: (Note: you must check each box as true, and all these statements must be true, or you cannot file this Petition.)

- 14.** ☐ **TRUE** Venue (the court in which you are filing this Petition) is proper in this county because the person who is said to need a guardianship and/or conservatorship lives in or is present in this county or, if this is a Petition for a Conservatorship, the person to be protected has assets in this county.
- 15.** ☐ **TRUE** The person who is requested to be the guardian and conservator has completed the required document called **Affidavit of Person to be Appointed as Guardian and Conservator of an Adult** and is filing that Affidavit with this Petition as required by Arizona law, A.R.S. § 14-5106.
- 16.** ☐ **TRUE** I or the person I request to be appointed in Paragraph 5 is a suitable and proper person to act as guardian and conservator and is entitled to consideration for appointment under Arizona Law, A.R.S. § 14-5106, 5311, and/or 5410.

REQUEST TO THE COURT FOR AN ORDER, UNDER OATH: Petitioner asks the court to do the following:

1. Schedule a hearing to determine if a Guardianship and Conservatorship is appropriate;
2. Appoint a physician to examine the person I say needs a guardian and conservator and a lawyer to represent the person.
3. After Petitioner gives notice of the hearing to all interested persons and to those required by law, hold a hearing to determine if the Court should order a Guardianship and Conservatorship;
4. Make a finding that the person is incapacitated, needs a guardian, and if applicable make a finding that the incapacitated person requires inpatient mental health care. Make a finding that the person needs protection under law including a conservator;
5. Appoint a Guardian and Conservator of the proposed incapacitated or protected person, according to the type of petition filed as checked in the Title of the Petition on the first page;
6. Make any other orders the Court decides are in the best interests of the proposed incapacitated and protected person.

OATH AND VERIFICATION OF PETITIONER:

STATE OF ARIZONA)
County of Maricopa) ss.

I, the Petitioner, being duly sworn and under oath, state that I have read this Petition. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

SIGNED: _____

Subscribed and sworn to before me this date: _____ by _____
(Month/Day/Year)

My Commission Expires: _____ NOTARY PUBLIC: _____